



Muhlenberg College Office of Disability Services
Emotional Support Animal Request
Student Form

Muhlenberg College will consider requests for an Emotional Support Animal as a reasonable accommodation to provide students with disabilities with equal opportunities to use and participate in the campus housing program. In order for the Special Housing Request Committee to consider a request, please complete all items noted below.

Application Procedure:

1. Complete the Disability Determination Process with the Office of Disability Services and be approved as a student with a condition that rises to the level of a disability.
2. Review the full Emotional Support Animal in Residential Housing Policy, available on the ODS website.
3. Sign and complete both pages of this form and submit it to ODS.
4. Submit the Treating Professional Form to ODS.
 - a. It is understood that the Treating Professional practices in the specialty specific to the mental health condition presented, and is not in a dual relationship with the student.
 - b. The Treating Professional must complete all questions on the form. If the Treating Professional wants to provide additional clinical information, it may be included in a letter on professional letterhead.
5. Schedule and participate in an in-person interview with a staff member in ODS to discuss your request.
6. All components of the process must be complete prior to the following deadlines:
 - March 15th or June 15th for the following fall semester
 - October 15th for the following spring semester

I have read the Muhlenberg College Emotional Support Animal in Residential Housing for Students Policy. I understand that I must complete all of the components listed above in order to be considered for an ESA. This includes submitting the treating professional form and student request form, as well as completing an in-person interview. I understand the completion of this process does not guarantee approval. I understand that this information will be shared with the members of the Special Housing Request Committee and may be shared with other College personnel as deemed appropriate. Should my request be approved, I agree to comply with all components of the policy.

Student Name: _____

Signature: _____ Date: _____

Questions or concerns may be directed to Pamela Moschini, Director, Office of Disability Services
Phone: 484-664-3825 Fax: 484-664-3697

Name: _____ Class Year: _____

Semester for which you are requesting an ESA: Fall Spring Summer Academic Year: _____

Housing Assignment during this time: _____

Names of roommates sharing space: _____

Type of animal: _____ Breed: _____

How long have you had the animal? _____

Diagnosed Condition(s) related to the request: _____

Explain how an ESA is necessary for you to have equal opportunity and access to your assigned residence hall room. _____

Please describe how the ESA is part of your therapeutic treatment plan: _____

What symptoms do you anticipate being reduced by having an ESA in residence: _____

Please describe how you plan to care for the animal within residence. _____

Provide the name of a person and contact phone number who will be responsible for the ESA in the event of an emergency or when you are unavailable. _____